

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

May 27, 2016

Mr. David Anderson, Administrator Maple Hill Residential Care Home 26 Union Street Waterbury, VT 05676-1303

Dear Mr. Anderson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 3, 2016.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN Licensing Chief

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Division of Licensing ar	d Protection			, , , , , , , , , , , , , , , , , , , ,			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	0154	B. WING		C 03/03/2016			
NAME OF PROVIDER OR SUP	PLIER STREET A	DDRESS CITY	STATE ZIP CODE				
MAPLE HILL RESIDENTIAL CARE HOME STREET ADDRESS, CITY, STATE, ZIP CODE 26 UNION STREET WATERBURY, VT 05676							
PREFIX (EACH DEFI	RY STATEMENT OF DEFICIENCIES RIENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE			
R100 Initial Comme	nts:	R100		·			
reported incide of Licensing a	ed onsite investigation into a self ent was conducted by the Division nd Protection on 3/3/16. The atory deficiencies were identified.						
R313 XI, RESIDENT SS=D	FUNDS AND PROPERTY	R313		:			
shall be in the where there is of attorney), o requests other resident's fina of the resident agreement staterms of same involved. This REQUIRI by: Based on reconstruction failed to was signed to of 5 residents Findings included the final state of the was signed to of 5 residents. Findings included the final state of the final state	eview on 3/3/16, Resident #1 was current resident who has funds me. Per review there was notent signed by the resident for this eview on 3/3/16, Resident #2 was discharged resident who had funds me. Per review, there was notent signed by the resident to	R313	Awritten agreement we Cov resident the 1 on 3/3/16 Currently on file Resident the 2 was dischas No written agreement was but Maple Hill administ will ensure that all viesidents have agree completed at the time admission if resident family se desires. POC accepted. Karen Campos 6	rged. s obtained, voitour future ements e of cardlar			
Division of Licensing and Protect ABORATORY DIRECTOR'S OR	tion RDVIDER/SUPPLIER REPRESENTATIVE'S SIG	GNATURE	TITLE	/ (X6) DATE			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ZXMY11

(X6) DATE If continuation sheet 1 of 3

Division	of Licensing and Pro	otection			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		0154	B. WING		C 03/03/2016
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE	
		26 UNIO	N STREET		
MAPLE	HILL RESIDENTIAL C	ARE HOME WATERE	BURY, VT 05	676	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
R313	Continued From pa	age 1	R313		
		3/16, the home's owner e was no written agreement to sident #1 or #2.			i
R315 SS=D	XI. RESIDENT FUI	NDS AND PROPERTY	R315	Q.B	
	be available for the maintained when not the maintained when not the maintained when not the maintained when not the maintained to ensure securely maintained (Residents #1, #2, include: Per record review of investigation into mote that the drawer that the drawer that the drawer that the drawer on 1 was discovered on member asked the what the resident hinvestigation, the form that the maintained was missing \$60.00 (\$370.00, Resident #1 was mote was missing \$60.00 (\$370.00, Resident Resident #5 was mote was missing \$10 (\$10 (\$10 (\$10 (\$10 (\$10 (\$10 (\$10	al property of the resident shall resident's use and securely of in use. NT is not met as evidenced eview and staff interview, the use that resident's funds were d for 6 residents reviewed #3, #4, #5, and #6). Findings on 3/3/16, an internal hissing resident money stated theld cash and receipts for evertently left unlocked by the 1/24/15. The missing money 11/30/15 when a family owner for an accounting of had in their funds. Upon further following was discovered. Hissing \$60.00, Resident #2, Resident #3 was missing #4 was missing \$100.00, hissing \$80.00, and Resident 00.00. There was only ence to lead the home owner are been an employee who no e, and the monies were in of the residents. Per interview e's owner confirmed that the secured at the time it was		All residents cash according to their Safety. Sox is held in a lock chrower in which the need to be obtained a 3rd Locked location and knowledge of be is only accessible by R315 Po C accepted Karenlampoo	of to A locked eed a Keys from n. Keys ox location management

ZXMY11

PRINTED: 03/16/2016 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY						
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	COMPLETED						
	С						
0154 B. WING	03/03/2016						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
26 LINION STREET							
MAPLE HILL RESIDENTIAL CARE HOME WATERBURY, VT 05676							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTUAL ACTUA	TION SHOULD BE COMPLETE THE APPROPRIATE DATE						
R315 Continued From page 2							
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Division of Licensing and Protection